[CONSULTANCY NAME]

[Street Address]
[City, State, Zip]
[Email / Phone]

INVOICE

Invoice #: [0000]
Date: [Month DD, YYYY]
Project ID: [PRJ-001]

BILL TO:

[Client Contact Name]
[Client Company Name]
[Client Address]
[City, State, Zip]

PROJECT PHASE / DESCRIPTION	UNITS / HOURS	RATE	AMOUNT
[Phase 1: Diagnostic & Strategic Analysis]	[0.00]	$[0.00]	$[0.00]
[Phase 2: Implementation Planning]	[0.00]	$[0.00]	$[0.00]
[Reimbursable Expenses: Travel & Admin]	[1]	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax ([0]%) $[0.00]
Total Due $[0.00]

Payment Terms: Net [30] Days. Please make checks payable to [Consultancy Name].

Wire Transfer Details: Bank: [Name] | Account: [Number] | Routing: [Number]